

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043150

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 19 1963

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in lb

19 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Southeast Mo. Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY  
OR  
TOWN

Cape Girardeau

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

25 South Hanover

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

LIZZIE TINSLEY

## 4. DATE OF DEATH

November 13, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☒ Never Married ☐ Divorced ☐

## 8. DATE OF BIRTH

12/26/1911

## 9. AGE (last birthday)

51

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

Own home

Hayti, Missouri

U. S.

## 13a. FATHER'S NAME

John Rollman

## 13b. MOTHER'S MAIDEN NAME

Martha Owens

## 14. NAME OF HUSBAND OR WIFE

Willie A. Tinsley

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mo.

Mrs. Willie A. Tinsley Cape Gir.

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Full-thickness burns to  
65% of body surface

### INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Patient spilled lighter fluid on dress,  
it ignited & resulted in severe burns.

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

4 11-12-63

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

## 20f. CITY, TOWN, OR LOCATION

Cape Girardeau, Cape, Missouri

## COUNTY

## STATE

21. I attended the deceased from 7-12-63 to 11-13-63 and last saw her alive on 11-13-63

Death occurred at 8:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

## 23. ADDRESS

Gordon M. Munnally, M.D. Cape Girardeau, Mo. 11-14-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Nov. 15, 1963

## 23c. NAME OF CEMETERY OR CREMATOR

Lorimer Cemetery

## 23d. LOCATION (City, town, or county)

Cape Girardeau, Missouri

## (State)

## 24. FUNERAL DIRECTOR

Walther's Funeral Home

## ADDRESS

Cape Gir.  
Mo.

## 25. DATE RECD. BY LOCAL REG.

11-15-63

## 26. REGISTRAR'S SIGNATURE

James Kasten

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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NOV 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Leuckel

Licensed Embalmer No. 5085

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.